

### What services and medical costs does Medicaid cover?

Medicaid will pay for the services listed below. Some people are required to pay copayments for starred(\*) services.

#### COVERED SERVICES:

- ◆ Doctor visits/services \*
- ◆ Hospital services (Limits apply) \*
- ◆ Lab and X-ray
- ◆ Dental care (Limits apply) \*
- ◆ Eye care (Limits apply) \*
- ◆ Prescribed Drugs
- ◆ Family planning services provided by a doctor or family planning center
- ◆ Prosthetics (artificial limbs), braces, and related equipment
- ◆ Home health care
- ◆ Chiropractic services (Limits apply) \*
- ◆ Out-of-state services if pre-approved by North Dakota Medicaid
- ◆ Physical and occupational therapy \*
- ◆ Podiatric services (Foot specialist) \*
- ◆ Long-term care services (may range from home and community based services such as homemaker, personal care, adult day care, chore services or respite care, to nursing facility)
- ◆ Group home care for people with developmental disabilities
- ◆ Transportation (With limits)



- ◆ Screening, diagnosis and treatment for children younger than age 21 through the Health Tracks Program (formerly EPSDT)
- ◆ Orthodontic services may be provided if referred by the Health Tracks Program
- ◆ Emergency room care is covered if the attending physician determines it is an emergency medical condition. Non-emergency conditions must be treated during physician or clinic office hours.
- ◆ Medicare Part A and Part B premiums, co-insurance or deductibles

#### Do people have to pay copayments?

Individuals DO NOT have to pay copayments if they are:

- ◆ Younger than age 21, or
- ◆ Living in a nursing facility, swing bed, intermediate care facility for the mentally retarded, the State Hospital, or the Anne Carlsen School, or
- ◆ Pregnant, or
- ◆ Need emergency services, or
- ◆ Receive family planning services

#### N.D. Department of Human Services Medical Services Division

State Capitol - Judicial Wing  
600 East Boulevard Avenue  
Bismarck, ND 58505-0250

DN #555 (10-03)

#### How much are copayments?

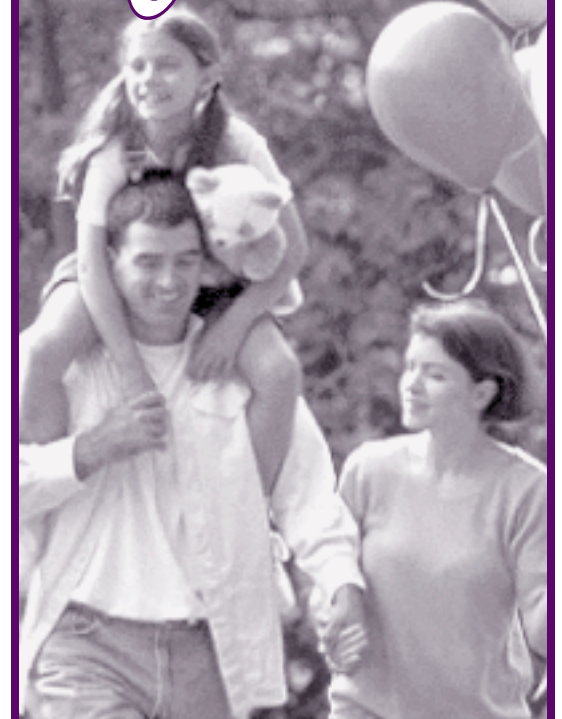
Spinal manipulation received during a chiropractic appointment .....\$1 each visit  
Outpatient Speech therapy.....\$1 each visit  
Office visits .....\$2 each visit  
(This includes all Medical doctors, Nurse Practitioners, and Physician Assistant Certified)  
Dental clinic Appt.....\$2 each visit  
Outpatient Physical Therapy .....\$2 each visit  
Outpatient Occupational Therapy ..\$2 each visit  
Optometry appointment.....\$2 each visit  
Outpatient Psychological Appt.....\$2 each visit  
Hearing test visit.....\$2 each visit  
Hearing aid supplied .....\$3 each  
Rural Health Clinic or Federally Qualified Health Center Appt .....\$3 each visit  
Podiatry Office Appt.....\$3 each visit  
Prescriptions brand name .....\$3 each  
Emergency Room visit that is not an emergency .....\$6 each visit  
Inpatient hospital stay.....\$75 each stay

#### Non-discrimination Notice

Anyone who believes he or she has been discriminated against because of race, color, religion, national origin, age, sex, political beliefs, disability or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, the Americans with Disabilities Act, and the North Dakota Human Rights Act, may file a written complaint of the alleged discrimination. Written complaints should be filed with the county social service board, the North Dakota Department of Human Services, 600 East Boulevard Avenue, Bismarck, N.D., 58505-0250, or the U.S. Department of Health and Human Services, Washington, D.C. 20201.

**For more information or to apply for Medicaid coverage, contact your local county social service office.**

# Need Health Coverage?



## CHECK OUT NORTH DAKOTA MEDICAID

#### N.D. Department Of Human Services, Medical Services Division

You may contact your local county social service office if you need help reviewing this brochure.



If you don't have health insurance or if your health insurance doesn't cover all your needs, Medicaid might be able to help.

Medicaid pays for health services for qualifying families with children, and people who are pregnant, elderly, or disabled. Over 40,000 people in North Dakota are receiving this important health coverage.

## QUALIFYING FOR MEDICAID COVERAGE

You must be a state resident and must qualify financially.

### YOU MUST ALSO BE:

- ▶ Pregnant, OR
- ▶ Blind, disabled, or age 65 or older, OR
- ▶ A member of a family with children, OR
- ▶ Age 21 or younger or age 65 or older and receiving services at the State Hospital, OR
- ▶ Younger than age 21 and living on your own or in a licensed foster home, OR
- ▶ An adopted child younger than 21 who has special health needs or meets other criteria, OR
- ▶ A woman screened through the North Dakota Department of Health's Women's Way program who needs treatment for breast or cervical cancer



## WHAT ARE THE FINANCIAL REQUIREMENTS

Eligibility is based on income and, in some cases, assets. Some assets are not counted when determining eligibility.

### ASSETS THAT DO NOT AFFECT ELIGIBILITY:

- ▶ Home you live in
- ▶ Personal belongings and clothing
- ▶ Household goods and furniture
- ▶ One car
- ▶ Certain burial plans
- ▶ Property that produces earned income (such as a farm or business)

### ASSET LIMITS

There is no asset limit for children, families or pregnant women in the children and families coverage group or women who apply under the Women's Way program.

Generally, a person who is blind, disabled, or age 65 or older can have up to \$3,000 in countable assets (such as savings accounts, checking accounts, stocks, bonds or other types of assets) to qualify for Medicaid. The limit for couples is \$6,000.

You may qualify even if you have more assets. For example, the wife of a person in a nursing home can have more assets. You are encouraged to apply, if you think you may qualify.

## TRANSFERS OF INCOME OR ASSETS

Giving property or income away or selling property for less than its value may affect a person's eligibility for long-term-care services such as nursing care services, home and community based services, or swing bed care in a hospital. For more information, please contact your county social service office.

### SOCIAL SECURITY NUMBER

Anyone applying for Medicaid coverage must, by law, provide his or her social security number or proof that he or she has applied for a number. This applies for each person in the household who is seeking Medicaid coverage (public law 42U.S.C. 1320b-7).

Medicaid cannot cover a person until a social security number is provided, or has been applied for (EXCEPTION: newborns may be eligible for 60 days from birth).

The social security number is used to verify income, assets, and eligibility.



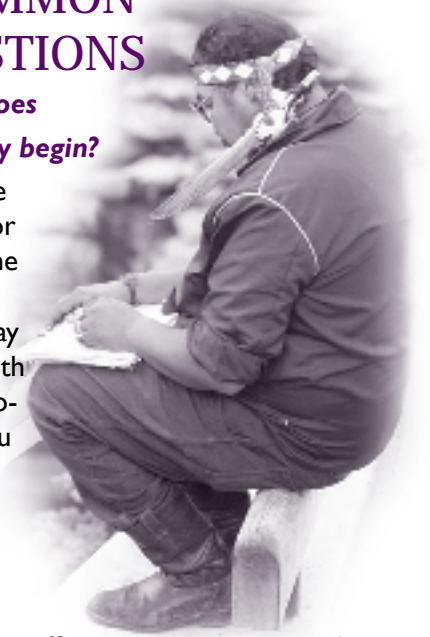
## APPLYING FOR MEDICAID

Contact a county social service office to apply, or to request a Medicaid application by mail. County social service offices verify information. You may have to provide documents proving age, citizenship, income, assets, or other information.

## COMMON QUESTIONS

### When does eligibility begin?

If you are approved for Medicaid, the Medicaid program may pay for health services provided to you up to three months before the month the county social service office receives your signed application.



### What if I do not agree with the county social service office's action?

You can request a fair hearing if you do not agree with a decision about Medicaid eligibility. Please read the information on your eligibility notice. To request a hearing, you can contact your local county social service office.

### Does the Medicaid program take people's property?

The Medicaid program will not put a lien against property.

Medicaid may use the estate recovery process on estates of people who were age 55 or older when they received Medicaid coverage. When those individuals die, Medicaid may recover the cost of benefits paid out, BUT ONLY IF there is NOT a surviving spouse, or a child who is younger than 21 or is blind or permanently and totally disabled.